

State of West Virginia Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

304-562-0121

CIMCO INC 2336 VIRGINIA AVE

*B22102807

HURRICANE WV 25526

Solicitation

NUMBER PSH14155 PAGE 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:

BOB KILPATRICK 304-558-0067

HEALTH AND HUMAN RESOURCES
JACKIE WITHROW HOSPITAL
105 SOUTH EISENHOWER DRIVE
RECKLEY WV

BECKLEY, WV

304-256-6600

DATE PRINTED 04/29/2014 **BID OPENING DATE:** 05/28/2014 BID OPENING TIME 1:30PM CAT. LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT THE WEST VIRGINIA PURCHASING DIVISION IS SOLICITING BIDS ON BEHALF OF THE WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES, BUREAU FOR BEHAVIORAL HEALTH HEALTH FACILITIES TO ESTABLISH A CONTRACT FOR THE REPLACEMENT OF ELEVEN (11) PTAC UNITS FOR THE HVAC SYSTEM LOCATED AT JACKIE WITHROW HOSPITAL AT 105 EISENHOWER DRIVE, BECKLEY, WV 25801 PER THE ATTACHED SPECIFICATIONS AND INSTRUCTIONS TO BIDDERS. ATTACHMENTS INCLUDE: MAY - 2 2014 1. INSTRUCTIONS TO VENDORS SUBMITTING BIDS 2. GENERAL TERMS AND CONDITIONS 3. PSH14155 SPECIFICATIONS, INCLUDING PRICING PAGE 4. CERTIFICATION AND SIGNATURE PAGE 5. PURCHASING AFFIDAVIT 7. DRUG FREE WORKPLACE AFFIDAVIT SAMPLE BID BOND FORM WITH BID BOND INSTRUCTIONS *|********************************* MANDATORY PRE-BID MEETING IS SCHEDULED ON THURSDAY, MAY 15, 2014 AT 1:30PM, MEETING IN ROOM A100 CONFERENCE ROOM. * * * * * * * * * * * * * | * * * * * | * * * * * | * * * * * * | 05/28/14 08:20:55AM West Virginia Purchasing Division 0001 JB 820-36 1 STEAM HEATING AND COOLING PTAC UNITS SIGNATURE TELEPHONE 304-562-0121 TITI F 55-074 951 ADDRESS CHANGES TO BE NOTED ABOVE NES COENT WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

1. CONTRACTOR'S LICENSE: West Virginia Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Division of Labor.

West Virginia Code § 21-11-11 requires any prospective Vendor to include the contractor's license number on its bid. Failure to include a contractor's license number on the bid shall result in Vendor's bid being disqualified. Vendors should include a contractor's license number in the space provided below.

| Contractor's Name:_ | CIMCO | INC | |
|----------------------|---------|-------|---|
| Contractor's License | No. WVO | 255/2 | - |

The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a purchase order/contract.

- 2. DRUG-FREE WORKPLACE AFFIDAVIT: W. Va. Code § 21-1D-5 provides that any solicitation for a public improvement contract requires each Vendor that submits a bid for the work to submit at the same time an affidavit that the Vendor has a written plan for a drug-free workplace policy. To comply with this law, Vendor must either complete the enclosed drug-free workplace affidavit and submit the same with its bid or complete a similar affidavit that fulfills all of the requirements of the applicable code. Failure to submit the signed and notarized drug-free workplace affidavit or a similar affidavit that fully complies with the requirements of the applicable code, with the bid shall result in disqualification of Vendor's bid.
 - **2.1 DRUG-FREE WORKPLACE POLICY:** Pursuant to W. Va. Code § 21-1D-4, Vendor and its subcontractors must implement and maintain a written drug-free workplace policy that complies with said article.

The awarding public authority may cancel this contract if: (1) Vendor fails to implement and maintain a written drug-free workplace policy described in the preceding paragraph, (2) Vendor fails to provide information regarding implementation of its drug-free workplace policy at the request of the public authority; or (3) Vendor provides to the public authority false information regarding the contractor's drug-free workplace policy.

3. DRUG FREE WORKPLACE REPORT: Pursuant to W. Va. Code § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. For contracts over \$25,000, the public authority shall be the West Virginia Purchasing Division. For contracts of \$25,000 or less, the public authority shall be the agency issuing the contract. The report shall include:

REQUEST FOR QUOTATION PSH14155 PTAC Units for Jackie Withrow Hospital

10. VENDOR DEFAULT:

- 10.1. The following shall be considered a vendor default under this Contract.
 - **10.1.1.** Failure to perform Contract Services in accordance with the requirements contained herein.
 - **10.1.2.** Failure to comply with other specifications and requirements contained herein.
 - **10.1.3.** Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
 - 10.1.4. Failure to remedy deficient performance upon request.
- 10.2. The following remedies shall be available to Agency upon default.
 - 10.2.1. Cancellation of the Contract.
 - 10.2.2. Cancellation of one or more release orders issued under this Contract.
 - 10.2.3. Any other remedies available in law or equity.

11. MISCELLANEOUS:

11.1. Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: MITCHELL SMITH
Telephone Number: 304-562-0121
Fax Number: 304-562-6320
Email Address: M5mithe cimcowy.com

- 11.2 Permits: The vendor shall procure all necessary permits and licenses to comply with all applicable Federal, State, or Municipal laws, along with all regulations, and ordinances of any regulating body.
- 11.3 Work Restrictions: Work shall be performed between normal business hours of 8:00am and 4:30pm Monday through Friday except state recognized holidays.



>mz.coc

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER PSH14155 PAGE 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:

BOB KILPATRICK 304-558-0067

HEALTH AND HUMAN RESOURCES JACKIE WITHROW HOSPITAL 105 SOUTH EISENHOWER DRIVE

BECKLEY, WV 25801

304-256-6600

DATE-PRIVITED

RFQ COPY

TYPE NAME/ADDRESS HERE

CIMCO INC

| 05/22 BID OPENING DA | 72014 | <u> </u> | 014 | | | | | _ | | |
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| ME | erus p | FEI | | | | | ADDDEC | S CHANGES | TO BE NOT | ED ADOVE |



>UZDOR

State of West Virginia Department of Administration Purchasing Division 2019 Washington Street East

Post Office Box 50130 Charleston, WV 25305-0130

RFQ COPY TYPE NAME/ADDRESS HERE CIMCOINC

Solicitation

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PAGE 2

ADDRESS CORRESPONDENCE TO ATTENTION OF

BOB KILPATRICK 304-558-0067

HEALTH AND HUMAN RESOURCES JACKIE WITHROW HOSPITAL 105 SOUTH EISENHOWER DRIVE

BECKLEY, WV 25801

304-256-6600

ADDRESS CHANGES TO BE NOTED ABOVE

DATE PRINTED 05/22/2014 BID OFENING DATE: 05/28/2014 BID OPENING TIME 1:30PM CAT LINE ... QUANTITY UOP ITEM NUMBER UNITPRICE AMOUNT 003 I'S 820-36 1 LABOR FOR INSTALLATION OF THE NEW UNITS \$163,000 THIS IS THE END OF RFQ PSH14155 ***** TOTAL: TELEPHONE

PSH14155 Revised Pricing Page

Total Bid

Provide total lump-sum bid to install ten (10) Steam Heating and Cooling PTAC Units, per the attached specifications, including all labor, materials, supplies, equipment and any incidentals necessary for the complete removal of old units and installation of new units, per the attached specifications:

| Total bid THREE THOUSAND, 50 DOLLARS. \$ 163,000. |
|---|
| Vendor: CIMCO INC |
| Address: 2336 VINGINIA AUE |
| HURRICANE WU 25526 |
| Remit to address: PO BOX 480 |
| CULLODEN WU 25510 |
| Contact Name: MITCHELL SMITH |
| Phone number: 304 - 562 - 6121 |
| Fax number: 304 - 562 - 0320 |
| Email: MSMITHE CINCOWU. COM |
| Signature: Wtelchell Smills |
| Title: PRESTUENT |
| Date: 5 -28 14 |
| |

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: PSH14155

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgement: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

| (Chec | k th | e bo | x next to each addendum | receive | d) | |
|-------|------|------|-------------------------|---------|----|-----------------|
| | [| V | Addendum No. 1 | |] | Addendum No. 6 |
| | Ĺ |] | Addendum No. 2 | (|] | Addendum No. 7 |
| | [|] | Addendum No. 3 | [|] | Addendum No. 8 |
| | [|] | Addendum No. 4 | [|] | Addendum No. 9 |
| | [| Ĵ | Addendum No. 5 | ſ | 1 | Addendum No. 10 |

Addendum Numbers Received:

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Company

Metchell miles

Authorized Signature

5-28-14

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing. Revised 6/8/2012

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety, understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

| CIMCO INC |
|---|
| (Company) |
| Mitchell Smits |
| (Authorized Signature) |
| MITCHELL SMITH PRESIDENT (Representative Name, Title) |
| 304-562-0121 304-562-0320 |
| (Phone Number) (Fax Number) |
| 5. 28-14 (Date) |

WV-73 Rev. 08/2013



State of West Virginia DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT West Virginia Code §21-1D-5

| STATE OF WEST VIRGINIA, |
|---|
| COUNTY OF Hutnam, TO-WIT: |
| I, Mthelbault, after being first duly sworn, depose and state as follows: |
| 1. I am an employee of CIUCO INC; and, (Company Name) |
| 2. I do hereby attest that CIMCO INC (Company Name) |
| maintains a valid written drug free workplace policy and that such policy is in compliance with West Virginia Code §21-1D. |
| The above statements are sworn to under the penalty of perjury. |
| By: Methell Smith Title: Tresident Company Name: Simco Inc Date: May 28th, 2014 |
| Taken, subscribed and sworn to before me this 28 day of May, 2014. By Commission expires OFFICIAL STATE OF WEST VIRGINIA NOTARY PUBLIC Carmela Redman Cimco Inc 2336 Virginia Ave Hurricane WV 25526 My Commission Expires Aug. 13, 2018 (Notary Public) |
| THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE |
| |

BID SHALL RESULT IN DISQUALIFICATION OF THE BID.

| RFQ No. | PSH14155 |
|----------|----------|
| IN GINU. | |

STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

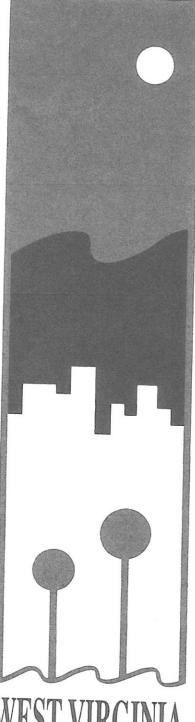
"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

| WITNESS THE FOLLOWING SIGNATURE: |
|---|
| Vendor's Name: |
| Authorized Signature: Mathele Smith Date: 5/28/14 |
| State of West Duginia |
| County of Hulnan, to-wit: |
| Taken, subscribed, and swern to before me this day of |
| My Commission expires (443 , 2018) |
| |
| AFFIX SEAL HERE NOTARY PUBLIC MANIA FLAMA |
| OFFICIAL SEAL WEST STATE OF WEST VIRGINIA Purchasing Affidavit (Revised 07/01/2012) |
| NOTARY PUBLIC |
| Carmela Redman Cimco Inc 2336 Virginia Ave |

Hurricane WV 25526 My Commission Expires Aug. 13, 2018



CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV025512

Classification:

HEATING, VENTILATING & COOLING PIPING PLUMBING

> CIMCO INC DBA CIMCO INC PO BOX 480 CULLODEN, WV 25510

Date Issued

Expiration Date

MAY 09, 2014

MAY 09, 2015

Authorized Company Signature

Chair, West Virginia Contractor

Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where work is being performed. This license number must appear in all advertisements, on all bid submissions and on all fully executed and binding contracts. This license cannot be assigned or transferred by licensee. Issued under provisions of West



CERTIFICATE OF LIABILITY INSURANCE

CIMI001 OP ID: LA

DATE (MM/DD/YYYY) 05/05/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PO Box 24 1566 Kana | Friedlander Co. 166 Iwha Blvd. E. n, WV 25311 | CONTACT NAME: PHONE (A/C, No, Ext): 304-357-4520 E-MAIL ADDRESS: FAX (A/C, No): 304-345-8724 | | | | |
|------------------------|--|--|-------|--|--|--|
| FRIEDLANDER COMPANY | | INSURER(S) AFFORDING COVERAGE | NAIC# | | | |
| | | INSURER A: Travelers Insurance | 25674 | | | |
| INSURED | Cimco, Inc. P O Box 480 | INSURER B: | | | | |
| | Culloden, WV 25510-0480 | INSURER C: | | | | |
| | | INSURER D: | | | | |
| | | INSURER E: | | | | |
| | | INSURER F: | | | | |
| COVERA | CES CEDTIFICATE NUMBER. | | | | | |

| COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER: |
|---------------------|--------------------------------|------------------|
| THIC IC TO CERTIFIC | DIAT THE DALLAME OF MANAGEMENT | |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBI | | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIMIT | rs | * |
|-------------|---|-----------|---------------------------|------------|----------------------------|--|----|-----------|
| | GENERAL LIABILITY | | | | (MAID DOTT 1 1 1) | EACH OCCURRENCE | \$ | 1,000,000 |
| Α | X COMMERCIAL GENERAL LIABILITY | | CO-5614B143-14 | 05/01/2014 | 05/01/2015 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 300,000 |
| | CLAIMS-MADE X OCCUR | | | | | MED EXP (Any one person) | \$ | 5,000 |
| | X Contractual Liab | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | POLICY PRO- JECT LOC | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| A | X ANY AUTO ALL OWNED SCHEDULED | | 810-5614B143-14 | 05/01/2014 | 05/01/2015 | BODILY INJURY (Per person) | \$ | |
| | AUTOS AUTOS | | | | | BODILY INJURY (Per accident) | \$ | |
| | X HIRED AUTOS X NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (PER ACCIDENT) | \$ | |
| | | | | | | | \$ | |
| . | X UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | \$ | 5,000,000 |
| A | EXCESS LIAB CLAIMS-MADE | | CUP-5614B143-14 | 05/01/2014 | 05/01/2015 | AGGREGATE | \$ | 5,000,000 |
| | DED RETENTION\$ | | | | | | \$ | |
| . | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | X WC STATU- TORY LIMITS OTH- ER | | |
| A | OFFICER/MEMBER EXCLUDED? | N/A | UB-6557N779-14 | 05/01/2014 | 05/01/2015 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | (Mandatory in NH) If yes, describe under | | INCL WV CODE ANNOT 23-4-2 | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| _ | DÉSCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| DESCRIPTION OF | OPERATIONS / LOCATIO | NS / VEHICLES (Attach ACORD 1) | 01, Additional Remarks Schedule, it | f more space is required) | |
|----------------|----------------------|--------------------------------|-------------------------------------|---------------------------|--|
| Evidence o | of Insurance | | | , | |
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| CERTIFICATE HOLDER | CANCELLATION | | |
|------------------------|--------------|--|--|
| TO WHOM IT MAY CONCERN | BLAN002 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | |
| | | AUTHORIZED REPRESENTATIVE | |

| 1 | Department of Health and |
|----------|--------------------------|
| Agency | Human Resources |
| REQ.P.O# | PSH14155 |

BID BOND

| KNOV | V ALL MEN BY THE | SE PRESENTS, That | we, the undersigned, _ | Cimco, Inc. | |
|--|--|---|---|---|--|
| of _ | P. O. Box 480 | , Culloden | , West Virginia 25510 |), as Principal, and Ti | ravelers Casualty and Surety Company of |
| America of _ | Hartford | , Connecticut | , a corporation of | rganized and existing i | under the laws of the State of |
| Connecticut | with its principal | office in the City of | Hartford | _, as Surety, are held | and firmly bound unto the State |
| of West Virginia | a, as Obligee, in the | penal sum of <u>Five</u> j | percent of bid | _ (\$5% |) for the payment of which, |
| well and truly to | be made, we jointly | and severally bind ou | urselves, our heirs, adn | ninistrators, executors, | successors and assigns. |
| The C | ondition of the abov | e obligation is such tha | at whereas the Principa | I has submitted to the | Purchasing Section of the |
| Department of | | | tached hereto and mad TAC units for the HVA | | er into a contract in writing for |
| | Jackie W | ithrow Hospital, 105 E | Eisenhower Drive, Bed | kley, WV 25801 | |
| | | | | | |
| NOW | THEREFORE, | | | | |
| (b) If hereto and sha agreement crea force and effect | ll furnish any other b ated by the acceptar t. It is expressly und | cepted and the Princip onds and insurance re nce of said bid, then th | equired by the bid or pro is obligation shall be no nat the liability of the Su | oposal, and shall in all | th the bid or proposal attached other respects perform the this obligation shall remain in full ims hereunder shall, in no event, |
| way impaired o | urety, for the value r r affected by any ext any such extension. | tension of the time with | ates and agrees that th nin which the Obligee n | e obligations of said S nay accept such bid, a | urety and its bond shall be in no nd said Surety does hereby |
| IN WI | TNESS WHEREOF, | Principal and Surety h | nave hereunto set their | hands and seals, and | such of them as are corporations |
| have caused th | eir corporate seals t | o be affixed hereunto | and these presents to b | e signed by their prop | er officers, this |
| 28thday of | May | , 20 <u>14</u> . | | | |
| Principal Corpo | rata Saal | | | Cimco, Inc. | |
| . Illioipei Corpo | rate Geal | | | | ame of Principal) |
| | | | | Du Matel | 10Dayell |
| | | | | | ust be President or ce President) |
| | | | | | resident |
| | | | | F | (Title) |
| Surety Corpora | te Seal | | | M | and Surety Company of America ame of Surety) |

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised corporate seals must be affixed, a power of attorney must be attached.



POWER OF ATTORNEY

Farmington Casualty Company Fidelity and Guaranty Insurance Company Fidelity and Guaranty Insurance Underwriters, Inc. St. Paul Fire and Marine Insurance Company St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company Travelers Casualty and Surety Company Travelers Casualty and Surety Company of America United States Fidelity and Guaranty Company

Attorney-In Fact No.

218346

Certificate No. 005026063

KNOW ALL MEN BY THESE PRESENTS: That St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company and St. Paul Mercury Insurance Company are corporations duly organized under the laws of the State of Minnesota, that Farmington Casualty Company, Travelers Casualty and Surety Company, and Travelers Casualty and Surety Company of America are corporations duly organized under the laws of the State of Connecticut, that United States Fidelity and Guaranty Company is a corporation duly organized under the laws of the State of Maryland, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

C. David Thomas, Richard L. Higginbotham, Bunnie Marie Perrine, Jeffery O'Dell, and Robin Hubbard-Sherrod

| St. C. Chalan | | | *** | | | |
|--|--|---|--|----------------------------|--|--|
| of the City of <u>Charleston</u> each in their separate capacity if n other writings obligatory in the n contracts and executing or guarantees. | ature thereof on behalf | of the Companies in | their business of guara | ge any and all bonds, rec | ognizances, condition | d Attorney(s)-in-Fact, onal undertakings and g the performance of |
| IN WITNESS WHEREOF, the Gay of September | Companies have caused 2012. | this instrument to be | signed and their corpo | rate seals to be hereto af | fixed, this | 6th |
| | Farmington Casualty Company Fidelity and Guaranty Insurance Company Fidelity and Guaranty Insurance Underwriters, Inc. St. Paul Fire and Marine Insurance Company St. Paul Guardian Insurance Company St. Paul Guardian Insurance Company St. Paul Mercury Insurance Company Travelers Casualty and Surety Company United States Fidelity and Guaranty Company | | | | | |
| 1982 0 1977 0 19 | MCORPORATED STATES | STANCE OF STANCE | RPORADO SEALS | OF CONN. | HARTFORD S | HODGOGNED EN THE STATE OF THE S |
| State of Connecticut City of Hartford ss. | | | Ву: | George W Thom | Stand on oson, Senior Vice Presi | ident |
| On this the 6th himself to be the Senior Vice Pres Inc., St. Paul Fire and Marine In Company, Travelers Casualty and executed the foregoing instrument | Surety Company, St. I | sualty Company, Fide Paul Guardian Insura nerica, and United St | elity and Guaranty Ins nce Company, St. Pau ates Fidelity and Guar | ul Mercury Insurance C | y and Guaranty Inst ompany, Travelers | urance Underwriters, Casualty and Surety |
| In Witness Whereof, I hereunto so My Commission expires the 30th of | et my hand and official alay of June, 2016. | seal. | | Man | in C. J. | theoult |

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